



LEWISTON-ALTURA PUBLIC SCHOOLS EXTENDED FIELD TRIP PERMISSION FORM



In compliance with school regulations governing special field trips of a curricular or extra-curricular nature, the following information is provided, so that as a parent/guardian of the student involved you will be aware of the circumstances under which the trip is being taken. Your permission must be obtained prior to the trip and may be given by signing the lower portion of this form and returning it to the classroom teacher sponsoring the trip.

All students participating in school-sponsored field trips must go and return on the transportation provided.

FIELD TRIP DETAILS	
NATURE AND PURPOSE OF FIELD TRIP	National FFA Convention
SCHOOL SPONSORING TRIP	Lewiston - Altura / L-O / PEM / Stewie
INSTRUCTOR OR SPONSOR OF FIELD TRIP	Stopp
FIELD TRIP DESTINATION	Indianapolis, IN
DATE OF FIELD TRIP	10/31 - 11/4
DURATION OF FIELD TRIP	12:30 AM - 5:00 AM
COST OF THE FIELD TRIP TO STUDENTS (LODGING, MEALS, ETC.)	\$175 for entry (Bring \$250 for food/spending)
HOTEL INFORMATION (LOCATION, CONTACT INFORMATION)	Holiday Inn Indianapolis - Carmel 521 East Pennsylvania Parkway, Carmel, IN 46280
STUDENTS REPORT TO	Ag Room 10/31
STUDENTS WILL RETURN TO	Ag Room 11/4
STUDENTS SHALL BRING THE FOLLOWING MATERIALS WITH THEM FOR USE ON TRIP	See Packing List

I understand the conditions described above and give my permission for _____ (Student Name) to participate in the designated field trip. I further understand that neither the sponsor, school administration, nor the school board of District #857 assumes any unusual responsibility for the safety and welfare of my child.

parent/guardian signature

date

My student has a medical record on file with the Lewiston-Altura Public School district that advisors need to consult prior to the trip. (Check only if this applies to your student.)

LEWISTON-ALTURA SCHOOL DISTRICT EXTENDED/OVERNIGHT FIELD TRIP APPLICATION

Date of Field Trip: 10/31-11/4 Requested By: Stoppelmaor Destination/Event: Nat'l FFA Convention

Time Leaving School: 12:30 AM Time Returning to School: 5:00 AM

Purpose of Field Trip: FFA Conv. # of Students: 12 # of Adults: 1

Please check the approved volunteer list or check with the office to ensure that all volunteers are approved. Will there be any parent volunteers or chaperons not including staff? Yes No

If yes, please list the names: _____

Will you need district transportation? Yes No If yes, # of busses or vans needed _____

If you need district transportation, arrangements were made with _____ (Name) on _____ (Date).

If district transportation is unavailable or impractical, other transportation arrangements were made with Phillips (Name of the Company) on 3/15/23 (Date).

Will students be absent from school? Yes No

So that additional contacts can be made (food service, buildings and grounds, etc.), I notified _____ (Office Staff Signature) on _____ (Date).

Budget Information: <u>FFA</u>	(Program being billed for costs)
Transportation Cost: <u>\$7,694</u>	
Lodging Cost: <u>\$6,056</u>	
Meal Cost: <u>\$30/day</u>	
Entry Fees: <u>\$1,200</u>	

Please attach a copy of the Field Trip Parental Permission form and any additional guidelines or expectations.

OFFICE USE ONLY	
Date application was received (Must be received prior to a board meeting when possible): _____	
APPROVED <u>Ryan Apple</u>	NOT APPROVED _____
(Activity Director's Signature if Applicable)	Rationale for not approving the field trip: <u>10/24/23</u>
(Principal's Signature)	(Date) <u>10-24-23</u>
(Superintendent's Signature) <u>Shawn Carman</u>	(Date) <u>10-24-23</u>
(School Board Member's Signature)	(Date)